Global Digital Health Forum 2025

eHealth Africa Participation Report

EXECUTIVE SUMMARY

Overview of GDHF 2025:

The Global Digital Health Forum 2025, held in Nairobi, Kenya, served as a pivotal convening point for innovators, policymakers, and practitioners to shape the future of health technology. The overarching theme centered on leveraging digital innovation to build equitable, resilient, and inclusive health systems, with a strong emphasis on African-led solutions and youth engagement.

eHealth Africa's Participation and Co-Hosts: eHealth Africa played a prominent role as an organizer and thought leader at the forum. Key participations included:

Co-hosting the high-impact Breakfast Salon, "Digital interfaces to spur behaviour change in health among adolescents in Kenya and beyond," in collaboration with the Bay Area Global Health Alliance, Population Services International (PSI), Reach Digital Health, and with support from Africa Hub Innovation and Development and Shujaaz Inc.

Leading two individual presentations on IoT/ Solar solutions for Primary Healthcare and the evidence from the PlanFeld digital microplanning tool in Nigeria.

Co-facilitating a major interactive workshop on Building Climate-Health Digital Ecosystems.

PURPOSE AND KEY TAKEAWAYS:

Purpose and Key Takeaways: The participation aimed to showcase evidence-based digital health solutions, foster strategic partnerships, and advocate for a co-creation ethos. Key cross-cutting takeaways from the sessions include:

YOUTH AS CO-CREATORS:

There is a non-negotiable imperative to move beyond tokenistic youth consultation to involving them in the design, governance, and implementation of digital health tools.

EQUITY BY DESIGN:

Digital innovation must consciously address "digital privilege" by designing for low-resource settings, ensuring cultural and linguistic contextualization, and mapping marginalized populations.

FOUNDATIONAL INFRASTRUCTURE IS PREREQUISITE:

The hype around advanced technologies like AI must not distract from strengthening core digital health infrastructure, reliable energy access, and data interoperability, as demonstrated by the solar and PlanFeld projects.

ETHICAL SAFEGUARDING IS URGENT:

Robust frameworks for data protection, user safety (especially for minors), and ethical AI are critical needs that must be integrated from the outset of any digital health initiative.

OVERALL OUTCOMES:

eHealth Africa successfully positioned itself at the forefront of practical, scalable digital health innovation in Africa. The sessions generated significant interest from global partners, validated existing approaches with concrete evidence, and crystallized a clear action agenda focused on responsible scaling, deeper youth integration, and addressing systemic barriers to digital equity. The launch of the Avatar Consortium during the Breakfast Salon marked a strategic commitment to advancing youth-centered digital health tools.

Event Date: December 3-5, 2025
Location: Trademark Hotel, Nairobi, Kenya

Organizations: eHealth Africa (Lead Participant). Co-hosts/ Partners: ay Global Health Alliance, Reach Digital Health, Population Services International (PSI), and supported by Africa Hub Innovation and Development and Shujaaz Inc

PARTICIPANT STATISTICS:

Breakfast Salon:

64

attendees

IoT/Solar Presentation & Climate-Health Workshop:

Approximately

40-50

attendees each.

Sectors Represented: **Digital Health Technology, Public Health, Government (Ministries of Health), Academia/Research, Youth-Led Organizations, Venture Philanthropy & Investment, Non-Governmental Organizations, Climate Adaptation.**

Report Compiled By:

eHealth Africa Knowledge Management Unit.

SESSION 1:
BREAKFAST SALON – DIGITAL INTERFACES FOR ADOLESCENT HEALTH

Date & Time: December 5, 2025, 7:00 AM - 8:30 AM
Title: Digital interfaces to spur behaviour change in health among adolescents in Kenya and beyond

Background and Objectives:

This session was designed and hosted by the newly formed Avatar Consortium, led by eHealth Africa. It addressed the critical opportunity to harness Africa's youth demographic and digital adoption trends for health. The rationale was to move from theoretical discussion to showcasing a tangible path forward for equitable, AI-driven health tools for young people.

Objectives:

Learning: To share the Avatar Consortium's vision and demonstrate early-stage AI innovations for adolescent health.
Networking: To deepen collaboration among health, tech, and research partners within and beyond the consortium.
Advocacy: To amplify youth voices and advocate for their central role as co-creators in the digital health ecosystem.

Attendees:

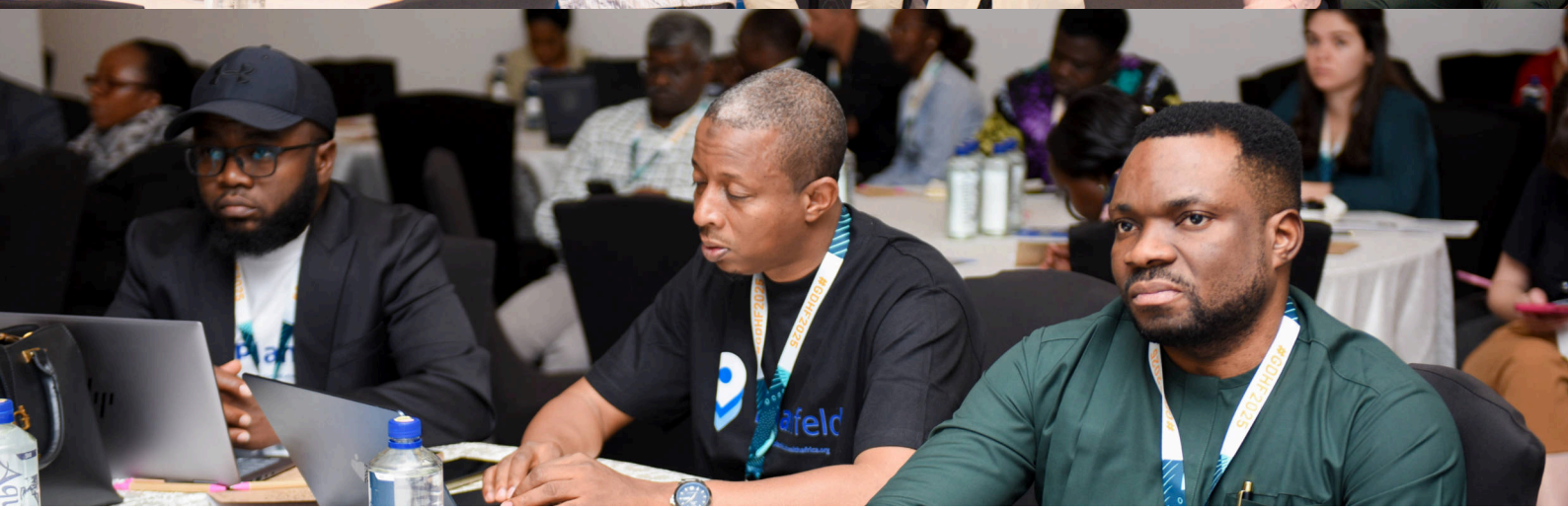
64 participants from multilateral agencies, digital health startups, research institutions, youth organizations, and donor agencies. The room was at full capacity, indicating high interest in the topic.

The Session Overview:

Overview & Context

The session convened youth, technologists, researchers, and health experts to explore how AI and digital interfaces can be designed and scaled to drive positive health behavior change among adolescents in Africa. Against the backdrop of Africa's "youth bulge", with 75% of the population under 30 by 2030, the dialogue emphasized moving beyond consultation to genuine co-creation, ensuring solutions are equitable, culturally resonant, and safe.

The Avatar Consortium was introduced as a multi-stakeholder initiative aiming to advance equitable digital health tools for Kenyan youth by 2028. The Salon featured a youth-led panel curated by Shujaaz, a live AI product demo, and a fireside chat with sector leaders responding to youth-curated questions.



KEY THEMES & INSIGHTS

A. Hosts' Opening Frame:

A Youth-Centered, Action-Oriented Dialogue
The hosts set a clear, purposeful tone for the session, emphasizing co-creation and tangible outcomes.

Ota Akhigbe (eHealth Africa) opened by underlining the collaborative design: "Just to say that the youth actually co-curated this session with us, so we're making this salon for them, by them." She later framed the ethical imperative, stating, "responsible AI is not a future ambition. It is a design requirement from day one."

B. Youth Are Not Just Beneficiaries, But Essential Co-Creators

A central, repeated theme was the imperative to involve youth at every stage—from design and development to regulation and governance.

Youth Perspective: Dullow Aira emphasized moving beyond tokenism: "I'd really want to see the youth included... Let us not just make this a feel-good statement... I see youths mostly concentrated on the data side. We're just part of the data, but not part of the regulations."

Expert Response: Carlos Yerena (Reach Digital Health) highlighted the need for strong foundations: “AI would be as good as the foundation in which you set it up… we as creators of that technology need to bring that responsibility to ourselves.”

C. The Critical Need for Cultural Resonance & Context

Speakers underscored that AI tools trained on Western data fail to understand local realities, cultures, and languages, which can render them ineffective or harmful.

Youth Perspective: Fidel Omondi noted, “We find that [AI] doesn't understand our culture, it doesn't understand our way of life. So it is a major problem… in response to our problems.”

Expert Response: Juliana Rotich (Electronic Citizen Solutions) detailed the solution path: “There's a lot of hard work that goes into language-sensitive models… That hard work is being done by researchers from Kenya, Nigeria… all over… It brings to the fore the need for data licensing frameworks that make sense.”

D. Accessibility Must Combat "Digital Privilege"

Innovation must serve those with limited connectivity, devices, or digital literacy to avoid widening inequalities.

Expert Response: Martin Dale (PSI) provided practical strategies: “It's really about designing, taking into account the realities of your audience. Otherwise, you may get into the trap of digital privilege.” He cited using Interactive Voice Response (IVR) and offline-capable apps as solutions for low-connectivity settings.

E. Safeguarding, Ethics, and Accountability Are Non-Negotiable

The conversation grappled with the urgent need for ethical guardrails, especially for vulnerable minors, in an ecosystem dominated by global platforms with misaligned incentives.

Youth Experience: Brandy Vanessa highlighted a challenge with chatbots: "Some of the young people have complained that... it would always prompt you and say, 'Should I refer you to the nearest council?'... I want it to hear me first."

Expert Response: Wilfred Njagi (Villgro Africa) gave a stark warning: "AI doesn't have a lived experience... We need to get to a place where we have ethical review boards to help with safeguarding." He referenced a tragic case of a teen spurred to suicide by an AI chatbot.

Expert Response: Juliana Rotich challenged regulators: "We need to be courageous in deciding how we engage with the massive global platforms that are having an impact in our communities... Are there protections for minors?"

F. AI is a Tool, Not a Panacea – Strengthen Foundations First

A cautionary note advised against letting AI hype distract from fixing foundational digital health infrastructure.

Expert Response: Martin Dale shared: "In Somalia... they have never had a national digital health strategy before... So these are the things that we need to be prioritizing rather than talking about setting up AI policies... It can end up being a very big distraction."

ILLUSTRATIVE QUOTES FROM SPEAKERS

DR. CHRISTABEL GERO

(Population Council) on the digital divide:

"There is a distinct gender digital divide and inequity, especially amongst adolescent girls in digital spaces. We find fewer adolescent girls on digital devices [with] knowledge on how to... get the exact knowledge they need."

JAY SHAPIRO

(Usiku Games) on AI's role:

"We have done so much with so little for so long that now we can do almost anything with almost nothing... It's really helping NGOs and organisations to do more with less, which unfortunately is the reality on the ground."

KIMBERLY GRACE ADHIAMBO OWUOR

(Youth Panelist) on AI acceptance:

"One thing about our generation is we don't have much reading. So when you're given a document... you just go [to AI] and draft out a summary and you're good to go."

ILLUSTRATIVE QUOTES FROM SPEAKERS

OTA AKHIGBE

(eHealth Africa) on innovation equity:

"It reminds us that innovation is not innovation if it only works for the top 20%."

CARLOS YERENA

(Reach Digital Health) on bias and quality control:

"If your system is not ready and you still feel that it's biased and it's gonna hallucinate, do not release it to the user. Wait... We're treating here with lives."

ASSIATOU KAMA NIANG

(Community Innovation Hub Senegal) in closing:

"The youth is not only positioned as beneficiaries... They're clearly the present-day architects of Africa's digital health future... The conversations today confirmed that community-rooted, ethically grounded, and youth-centered approaches are really the right ones."

CONCLUSION & FORWARD LOOK

The Salon, framed by the hosts as a youth-co-created platform, successfully bridged lived experience with expert pragmatism. Key takeaways for the Avatar Consortium and the broader digital health community are:

— Move from consultation to co-creation: Integrate youth meaningfully into design, development, and governance structures.

— Build with context first: Prioritize local language models, culturally curated content libraries, and solutions for low-resource settings.

— Prioritize safeguarding now: Advocate for and develop clear ethical frameworks, escalation pathways, and accountability mechanisms for AI in health.

— Balance innovation with foundation: Leverage AI thoughtfully while strengthening core digital health infrastructure and policies.

The session closed with a powerful call to action from the youth: to listen and to feel the urgency of their perspective, ensuring the digital health future is built with them, for them.

KEY LEARNINGS

Co-Creation is Mandatory:
Youth demand active roles in design and governance, not just as data points or beneficiaries.

Context is King:
AI tools require localization—linguistic, cultural, and contextual—to be effective and safe.

Safeguarding Cannot be an Afterthought:
Urgent need for ethical frameworks, especially for vulnerable minors, in the current regulatory vacuum.

Bridge the Digital Divide:
Innovation must include solutions for low-connectivity settings to avoid exacerbating inequalities.

RECOMMENDATIONS AND FOLLOW-UP ACTIONS (BREAKFAST SALON ONLY)

Action	Responsible	Timeline
Formalize youth governance roles within Avatar Consortium	eHealth Africa & Partners	Q1 2026
Invest in local language and cultural AI datasets	Consortium Partners	2026–2027
Establish ethical review and safeguarding protocols	Consortium Steering Group	Q2 2026
Pilot low-connectivity digital solutions	Implementing Partners	2026

SESSION 2:
INDIVIDUAL PRESENTATION – LEVERAGING IOT AND SOLAR POWER FOR PHCS

Date & Time: December 4, 2025, 9:15 AM - 10:15 AM
Title: Leveraging IoT and Solar Power to Strengthen Primary Healthcare Delivery in Resource-Limited Settings

1. Background and Objectives:

Presented by Toju Ogele of eHealth Africa, this session addressed the silent crisis of energy poverty in Primary Health Centers (PHCs), which undermines cold chain integrity, service delivery, and ultimately contributes to zero-dose children. The presentation showcased a holistic, data-driven solution.

Objectives:

— Learning: To present the model and outcomes of the Renewable Energy for Primary Healthcare intervention.

— Advocacy: To highlight energy as a critical social determinant of health and argue for its inclusion in health system strengthening.

2. Guests/Speakers Participation:

Speaker: Toju Ogele, representing eHealth Africa's systems innovation work.

3. Attendees:

Approximately 35-40 attendees, primarily from organizations focused on health systems strengthening, logistics, and primary care in low-resource settings.

4. The Session Overview:

A concise, evidence-based individual presentation.

— **Structure:** Problem statement, solution overview (human-centered design & IoT integration), key results, and conclusion.

— **Key Highlights:** The presentation moved beyond simply installing solar panels to emphasize the "energy-progressive" digital layer: IoT sensors that enable remote monitoring of system performance, predictive maintenance, and real-time accountability. Results from Kano State showed a reduction of over 2,100 tonnes of CO_2, cost savings for facilities, and a

dramatic increase in patient trust and service utilization (one facility grew from 300 to 3,000 monthly clients).

5. Key Learnings:

— Digital-Physical Integration is Powerful: Combining physical infrastructure (solar) with digital monitoring (IoT) ensures sustainability and provides actionable data for management.

— Energy Enables Everything: Reliable power is foundational for digital health tools, cold chain, nighttime services, and staff morale.

— Data Drives Operational Sustainability: Remote monitoring dashboards transform maintenance from reactive to proactive, protecting investments and ensuring continuous service availability.

SESSION 3:
INDIVIDUAL PRESENTATION – TRANSFORMING POLIO CAMPAIGN MICROPLANNING

Date & Time: December 5, 2025, 6:30 AM - 7:30 AM
Title: Transforming Microplanning in Polio Campaigns: Evidence from PlanFeld Deployment in Nigeria

1. Background and Objectives:

Presented by Comfort Audu of eHealth Africa, this session provided rigorous evidence on the transition from ineffective manual microplanning to digital, geospatial planning for immunization campaigns, using the PlanFeld tool developed by eHealth Africa.

Objectives:

— **Learning:** To share comparative data on campaign efficiency and coverage before and after digital microplanning.

— **Advocacy:** To make a compelling case for the adoption of digital geospatial tools as standard practice for public health campaigns.

2. Guests/Speakers Participation:

Speaker: Comfort Audu, Project Manager, eHealth Africa.

3. Attendees:

Approximately 40 attendees, including representatives from other GAVI-funded countries, EPI managers, and digital health implementers, focused on logistics and data.

4. The Session Overview:

A data-rich presentation outlining the methodology, results, and implications of deploying PlanFeld in Kebbi State during polio campaigns.

— **Structure:** Introduction to the problem, tool features, methodology (comparing manual OBR 1-3 vs. digital OBR 4-5), detailed results, and challenges.

— **Key Highlights:** The presentation showcased dramatic improvements: missed settlements dropped from over 24% to under 6%. It highlighted workload rationalization, proving that manual plans unevenly distribute work. The tool enabled inclusive mapping of hard-to-reach areas

like border settlements and nomadic routes.

Speaker Quotes *(Attributed to Comfort Audu):*

"Digital microplanning tools offer a pathway to more equitable delivery, moving us from guesswork to data-driven workload balancing."

"The results are clear: with PlanFeld, we saw missed settlements drop from 1 in 4 to 1 in 20. This is about reaching every child."

"PlanFeld was built with equity by design—to reach children historically left behind, by mapping marginalized geographies and balancing teams automatically to reduce bias."

5. Key Learnings:

— **Data-Driven Planning is More Equitable:** Algorithmic workload balancing uncovers and corrects human bias in team assignment, ensuring fair distribution and better coverage.

— **Precision Leads to Efficiency:** Geospatial precision in mapping settlements and routes directly translates to higher vaccination coverage and reduced resource waste.

— **Evidence Catalyzes Change:** Concrete, comparative metrics (e.g., 88% reduced planning time, 96% improved mapping accuracy) are powerful for convincing policymakers to adopt new tools.

SESSION 4:
INTERACTIVE WORKSHOP – BUILDING CLIMATE-HEALTH DIGITAL ECOSYSTEMS

Date & Time: December 5, 2025, 12:00 PM - 1:00 PM
Title: Building Climate Health Digital Ecosystem to strengthen health facilities' preparedness and response to disruptive climate risks

1. Background and Objectives:

Co-facilitated by eHealth Africa's climate adaptation team, this interactive workshop introduced CHAT (Climate Health Vulnerability Assessment Tool), a digital tool developed by eHealth Africa that adapts the WHO's Climate Vulnerability and Adaptation Assessment checklist. The session aimed to bridge the gap between climate data and actionable health system preparedness.

Objectives:

— **Learning:** To demonstrate the CHAT tool's functionality and present key findings from its deployment in Nigeria.

— **Networking & Collaboration:** To identify and engage potential partners for adopting, funding, or supporting the scale-up of CHAT as a global public good.

— **Advocacy:** To champion the integration of climate vulnerability assessments into standard health system planning and investment.

2. Guests/Speakers Participation and Profiles:

Moderator: **Jeremiah Edi**

Opening Remarks: **Atef Fawaz, Executive Director of eHealth Africa,** provided strategic context on the interconnection between climate, health, and eHA's mission.

Facilitators & Expert Panelists:
Toju Ogele (eHealth Africa): Co-facilitator and lead presenter on the climate-health context and CHAT demonstration.

Temitayo Tella-Lah (eHealth Africa): Programme Manager who presented the alarming data on facility vulnerability and systemic gaps.

Jamil Galadanchi (eHealth Africa): Senior Software Engineer who explained the human-centered technical design of CHAT. John Gichangi (eHealth Africa): DHIS2 Expert who detailed interoperability challenges and architectural solutions.

Dr. David Akpan (eHealth Africa): Deputy Director, Partnerships and Programs, who outlined the principles guiding CHAT as a global public good.

Dr. Zakaria Mohammed: Director, Climate Change Department, Federal Ministry of Health (FMOH), Nigeria, who provided the government perspective on moving from reaction to proactive planning.

Tahir Buhari (eHealth Africa): Senior Research Manager, who contributed to the forward-looking discussion on data utilization.

3. Attendees:

Approximately 40 participants engaged actively in the session. The audience comprised a global mix of representatives from multilateral financial institutions (e.g., World Bank), climate adaptation funds, international NGOs, national health ministries from multiple regions, and digital health implementers, reflecting high-level interest in operationalizing climate-health resilience.

4. The Session Overview:

The workshop was a dynamic, structured dialogue blending presentation, expert panel insights, and interactive audience engagement.

— **Structure:** The session flowed from an opening context and live tool demonstration, to a panel discussion on deployment lessons, and concluded with a vigorous Q&A where audience questions were addressed by the full panel.

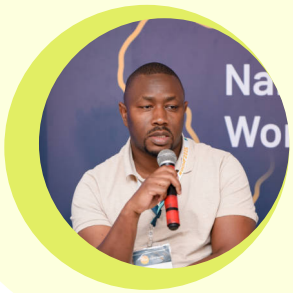
KEY SESSIONS AND NOTABLE QUOTES:

Opening Context (Toju Ogele):
Set the stage with stark data.
"In 2022 alone, flooding in Nigeria affected over 600 health facilities and displaced 1.4 million people. Health systems are being disrupted not in the future, but now. We lack tools that provide real-time, actionable insights for decision-makers."

The Scale of the Problem (Temitayo Tella-Lah):
Shared critical findings.
"Our assessments revealed over 90% of PHC facilities were highly vulnerable. This points to four core gaps: limited institutional capacity, low awareness among health workers, fragile infrastructure, and a severe financing gap for climate adaptation at the PHC level."

KEY SESSIONS AND NOTABLE QUOTES:

Tool Design Philosophy (Jamil Galadanchi):
Explained the build process.
"Our core consideration was co-creation. We digitized the WHO checklist with full fidelity but designed for the end-user: bite-sized modules, auto-save, and a simple 1-5 scoring system. We prioritized relevant local hazards and ensured it could run on any device."



Interoperability for Scale (John Gichangi):
Focused on technical strategy.
"The key engineering challenge was creating an architecture that supports our current implementation while seamlessly integrating with DHIS2 for analytics. This interoperability is what will allow CHAT to be a true global good, embedded in the systems countries already use."

Principles for a Global Good (Dr. David Akpan):
Framed the strategic vision.
"We guided CHAT's adaptation by four principles: 1) Adaptability to different contexts, 2) Transparency for expert review, 3) Collaboration with governments and partners, and 4) Decentralization—avoiding proprietary locks to ensure data portability and integration."

Government Perspective (Dr. Zakaria Mohammed):
Highlighted the tool's policy utility. **"At COP26, governments committed to conducting vulnerability assessments. CHAT provides the evidence base to fulfill that. It shifts us from reactive disaster response to proactive, risk-informed planning and resource allocation, which can reduce climate impact by up to 40%."**

KEY SESSIONS AND NOTABLE QUOTES:

From Data to Action (Tahir Buhari):
Looked to the future.
"CHAT is the foundational step. The data it generates must feed into predictive analytics, machine-learning models, and, most critically, inform investment decisions and national policy. Strong partnerships are crucial for this next phase."

Interactive Q&A Synthesis:
The audience engagement yielded substantive questions and panel responses:

Question from Munir (World Bank, India): "Given CHAT is self-administered, what is your training model? And how adaptable is it to other countries and hazards like air pollution?"

— **Temitayo Tella-Lah responded:** For the pilot, we used trained enumerators to ensure quality. The training model—structured curriculum, hands-on sessions, and pilot assessments—will remain when facilities self-assess.

— **Dr. David Akpan added:** CHAT is built to be modular. Countries can easily add new hazard modules (like air pollution) or disable irrelevant ones. The analytics remain standardized for global comparison, but questions can be localized.

— **John Gichangi confirmed:** From an engineering standpoint, the system is designed for this flexibility. Adding or modifying modules is a straightforward process.

Question from Suleiman (Nigeria Health Watch): "How can youth be involved? And how will CHAT ensure data leads to real action, not just collection?"

— **Dr. Zakaria Mohammed responded:** Action requires evidence. CHAT data will directly feed into policy, national adaptation plans, and budget cycles, ensuring resources go where vulnerabilities are highest.

— **Dr. David Akpan added:** CHAT doesn't stop at assessment; it generates automated, facility-specific recommendations for interventions, creating a clear link from data to action.

— **Temitayo Tella-Lah noted on youth:** While focused on facilities now, youth are critical for community-based adaptation and implementing mitigation plans. Over 90% of our pilot enumerators were youth, building a skilled cadre.

— **Tahir Buhari concluded:** This is why partnerships are key—to move from assessment to predictive analytics and targeted investment.

5. Key Learnings:

Vulnerability is Quantifiable: Tools like CHAT transform climate risk from a abstract threat into a measurable health system metric, revealing that vulnerability is the norm, not the exception, for many PHCs.

Interoperability Enables Adoption: Building on and for existing platforms like DHIS2 is a strategic necessity for scaling digital public goods and ensuring data informs mainstream health planning.

The Bridge from Data to Investment is Critical: The ultimate value of assessment tools lies in their ability to direct funding, resources, and policy attention to the most at-risk facilities, making climate resilience a budget line item.

CONCLUSION AND CALL TO ACTION

The Global Digital Health Forum 2025 underscored a pivotal moment for digital health in Africa, characterized by a shift from pilot projects to scalable, evidence-based solutions that are co-created and equity-focused. eHealth Africa's multifaceted participation—from launching a youth-centered consortium to presenting proven tools for energy, logistics, and climate adaptation—demonstrated a comprehensive model for health system strengthening.

The resounding call from the youth, echoed across sessions, is for inclusive partnership. The evidence is clear: digital tools like PlanFeld and CHAT deliver superior outcomes. The foundation provided by solutions like solar IoT enables all other digital health interventions. The ethical imperative highlighted in the Avatar Salon demands immediate attention.

Therefore, the call to action is threefold:

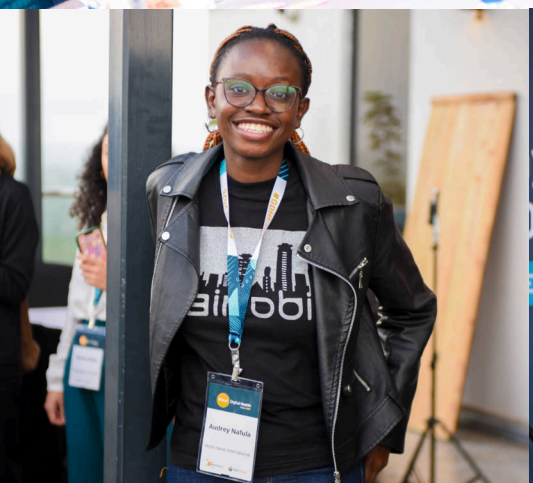
1. **For Partners and Donors:** Invest in and scale proven, contextually designed digital public goods that address foundational system gaps—energy, data-driven logistics, and climate resilience.
2. **For Implementers and Governments:** Institutionalize the practice of co-creation with communities and youth, and adopt ethical safeguarding frameworks as a non-negotiable component of any digital health initiative.
3. **For the Broader Ecosystem:** Move beyond silos. Integrate conversations on climate, energy, primary healthcare, and adolescent health, as they are inextricably linked. The future of health in Africa depends on our ability to connect these dots through thoughtful, inclusive, and resilient digital innovation.

eHealth Africa remains committed to leading this charge through collaboration, evidence generation, and the relentless pursuit of equitable health access for all.







Global Digital Health Forum 2025
TechChange
Nairobi, Kenya &
SEMA NA ME CHATBOT
I found out Niko na ball but boy ameiruka so Niko in a dilemma
What is there to say? He hits me all the time he is angry and he is angry all the time. I want out. I feel like killing myself.
I have gotten so drunk I have lost time with my girl I hit her. I stole money for alcohol. I want to stop



Nairobi, Kenya &


Digital Health
Forum 2025
TechChange
SEMA NA ME
CHATBOT


SEMA NA ME
CHATBOT

APPENDIX

- Event Photos
- Event Videos
- Video Highlight
- Presentation Slides
- eHA Abstract Presentations
- Feedback Form

NIGERIA

4-6 Independence Road,
Kano State.

28 Osun Crescent,
Maitama, FCT, Abuja.

U.S.A

1200 G Street NW, Suite 800,
Washington, DC 20005,
USA.

GERMANY

Prenzlauer Allee 186,
10405 Berlin

www.ehealthafrica.org

eHealth AFRICA